



Wisconsin Health Insurance Risk Sharing Plan (HIRSP)

Division of Health Care Financing

Department of Health and Family Services

6406 Bridge Road, Suite 18 • Madison, WI 53784-0018

Customer Service: (800) 828-4777 or (608) 221-4551

Fax: (608) 226-8770

Grievance Procedures for Applicants and Policyholders

If HIRSP denies an application or claim payment, the applicant or policyholder will receive directly from HIRSP a written notice of the denial, together with the specific reason for the denial.

An individual may request a review if he or she disagrees with HIRSP's decision to:

- (1) Deny or terminate coverage.
- (2) Deny or reduce payment of a claim.
- (3) Deny an application for a subsidy of HIRSP deductible and/or premium.

HIRSP will not consider requests to review across-the-board premium rate increases. These rates are set based on HIRSP's budgetary requirements and conditions as established by state law.

A policyholder may request a review of the actions listed above according to the following procedure.

Review by Plan Administrator

If the policyholder or applicant disagrees with HIRSP's decision, the individual may request a review by the plan administrator. The individual has **60 days** after the date of HIRSP's decision to request a further review by the plan administrator. To request the review, the policyholder must submit a written request including pertinent information such as name, identification number, date and place of service, and reason for the review.

Clearly indicate that the written request is for a review. This will help HIRSP process the request.

Mail the request for review to:

HIRSP
Appeals Department
6406 Bridge Road, Suite 18
Madison, WI 53784-0018

Upon receiving the request, the plan administrator will review the decision and either affirm, modify, or rescind it. The plan administrator will communicate this decision, and the reason for the decision, in a written response. The plan administrator has 10 days from receipt of a request for review to issue a letter of decision or a letter to the requester asking for more information.

Review by Grievance Committee

If the policyholder or applicant disagrees with the plan administrator's decision on the review, the individual may file a grievance. The individual has **30 days** after the date of the written results of the plan administrator's review to request a further review by the HIRSP Grievance Committee. To file a grievance, the individual must submit a written request including pertinent information such as name, identification number, date and place of service, and reason for the grievance.

Clearly indicate that the written request is a grievance. This will help the Grievance Committee process the request.

Mail grievances to:

Wisconsin Division of Health Care Financing
HIRSP Grievance Committee
PO Box 309
1 West Wilson Street
Madison, WI 53701-0309

Upon receiving the request, the Grievance Committee will review the decision and either affirm, modify, or rescind it. The Grievance Committee will communicate this decision, and the reason for the decision, in a written response within 45 days from the receipt of the request for review.

For more information about HIRSP, visit our Web site at www.dhfs.state.wi.us/hirsp